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IMPORTANT FAX DOCUMENT

DATE February 23, 2007
NAME Examiner David Knepper
COMPANY U.S. Patent and Trademark Office - Group Art Unit 2654
YOUR REF NO. 09/712,788
FAX NUMBER 571-273-8300

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FROM Jason S. Jackson - Registration No. 56,733
OUR REFERENCE NO. 19109.0020U2
OUR FAX NUMBER 678-420-9301
NUMBER OF PAGES 11 (including this cover sheet)

Please see attached:

1. Transmittal Letter (2 pages)
2. Response to Office Action (5 pages)
3. Request for Extension of Time (2 pages)
4. Credit Card Payment Form PTO-2038 in the amount of \$450.00 (1 page)

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ATTORNEY DOCKET NO. 19109.0020U2
PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)

Finley et al.)

Application No. 09/712,788)

Filing Date: November 14, 2000)

For: "AUDIO REQUEST INTERACTION
SYSTEM")

Art Unit: 2654

Examiner: Knepper, David D.

Confirmation No. 8889

TRANSMITTAL LETTERMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450NEEDLE & ROSENBERG, P.C.
Customer Number 23859

February 23, 2007

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Response to Office Action | <input checked="" type="checkbox"/> | Request for Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input type="checkbox"/> | Other _____ |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	6	20	0	X \$50.00		\$0.00
Independent Claims	2	3	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input checked="" type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$450.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$0.00
TOTAL FEE DUE						\$450.00

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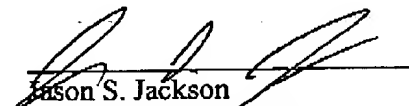
FEB 23 2007

ATTORNEY DOCKET NO. 19109.0020U2
APPLICATION NO. 09/712,788

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$450.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.


Jason S. Jackson
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(678) 420-9301 (fax)CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence and any items indicated as attached or included, are being transmitted via facsimile transmission to: Examiner Knepper, David D., Art Unit 2654, (571) 273-8300, on the date indicated below.


Jason S. Jackson2-23-2007
Date